

# Out-of-Town Travel Expense Account



<b>EMPLOYEE #</b> 873896	<b>VENDOR #</b>  	<b>Accounting Use Only</b>
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## SECTION 1 - CLAIMANT

<b>EMPLOYEE NAME</b> Waye Mason	<b>EMAIL</b> waye.mason@halifax.ca	<b>PERIOD OF TRAVEL</b> FROM sep 20 TO sep 20
<b>HRM WORK LOCATION</b> City Hall	<b>PHONE</b> 902-430-7822	<b>DESTINATION</b> Shediac NB
<b>PURPOSE OF TRAVEL</b> (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) present on Basic Income and Halifax' resolution to Municipality of District of Lunenburg Council		

## SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
<b>TRANSPORATION</b> (select from drop down menu) Vehicle			\$ 0.00
<b>KILOMETRAGE</b> 0 – 16,000 km: 216 kms at 0.5113 per km	110.44		110.44
16,001+ km: _____ kms at 0.4513 per km	\$ 0.00		\$ 0.00

## SECTION 3 – DESTINATION EXPENSES (attach receipts) - see page 2 for worksheet and additional details.

<b>ACCOMMODATIONS</b>			\$ 0.00
<b>MEALS</b>			\$ 0.00
<b>GROUND TRANSPORTATION</b>			\$ 0.00
<b>INCIDENTALS</b>			\$ 0.00
<b>SUBTOTAL</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>OTHER ELIGIBLE EXPENSES</b> (specify and attach receipts)			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>TOTALS: CLAIM AMOUNT &amp; DIRECT PAID BY HRM (SECTIONS 2 &amp; 3)</b>	\$ 0.00	\$ 0.00	
<b>TOTAL COST OF OUT-OF-TOWN TRAVEL</b>			110.44

<b>TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE</b>	\$ 0.00
<b>LESS ADVANCE RECEIVED ON</b>	
<b>BALANCE OWING</b> (if negative, employee must repay amount to HRM)	
<b>PAYABLE:</b> <input checked="" type="radio"/> TO EMPLOYEE FROM HR <input type="radio"/> FROM EMPLOYEE TO HRM	\$ 110.44

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
<b>*APPROVED BY (NAME &amp; TITLE)</b>	
<b>*APPROVER SIGNATURE</b>	<b>DATE</b>

\* Refer to the Employment Expense Authorization Grid in section seven (7) of the Employment Expense Reimbursement Policy for a listing of authorized approvers.

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date		Aug 26						
Accommodations								
Meals (See daily maximums below)	B							
	L							
	S							
Ground Transportation		110.44						
Incidentals								
Other								
Daily Totals		110.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date								
Accommodations								
Meals (See daily maximums below)	B							
	L							
	S							
Ground Transportation								
Incidentals								
Other								
Daily Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

ACCOMMODATIONS TOTAL	MEALS TOTAL	GROUND TRANSPORTATION TOTAL	INCIDENTALS TOTAL	OTHER TOTAL
\$ 0.00	\$ 0.00	110.44	\$ 0.00	\$ 0.00

**Accommodations:** Detailed receipts required.

**Meals:** Per diem reimbursement (no receipts required) inclusive of tax & gratuities.

Breakfast (B)	\$13.00	*Meal reimbursements in excess of per diem amount require Director's approval and must be supported with appropriate detailed receipts for allowable expenses for the day.
Lunch (L)	\$15.00	
Supper (S)	\$27.00	
DAILY MAXIMUM	\$55.00*	

Meal cost will not be reimbursed where the cost is included in the air fare or in registration fees at conventions, conferences, training institutions, etc.

**Ground Transportation:** Detailed receipts required.

**Incidentals:** Daily rate \$10.00 (no receipts required).

Amounts shown above are Canadian Funds. All expenses should be converted to Canadian funds on Page 1 of claim (specify conversion rate used).